



**Does your agency require any of the following:**

|  |                             |  |
|--|-----------------------------|--|
| Physical exam  | <input type="checkbox"/> No | <input type="checkbox"/> Yes:<br><input type="checkbox"/> If yes, can agency provide exam?<br><input type="checkbox"/> If yes, is a prior exam acceptable? How recent (in months): _____ |
| Tests/immunizations:<br>PPD/TB, Rubella, Measles,<br>Chicken Pox, Other: | <input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> If yes, please specify: _____   |
| Fingerprinting   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| Child Abuse Clearance  | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| Criminal Background Check  | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| Affiliation Agreement  | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| Certificate of Insurance   | <input type="checkbox"/> No | <input type="checkbox"/> Yes   |
| Other:   |                             |  |

For any 'yes' checked above, please provide specific requirements (e.g., necessary documentation): \_\_\_\_\_

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**Does your agency have any of the following available:**

- |   |   |
|---|---|
| <input type="checkbox"/> Elevator                 | <input type="checkbox"/> Special Equipment (e.g., TTY, visual aids) |
| <input type="checkbox"/> Wheelchair Accessibility | <input type="checkbox"/> Other (specify): _____                     |

**Scheduling:**

What days and hours is the agency open? \_\_\_\_\_

Please specify if it essential that the student be present in the agency on a particular day or during specific hours: \_\_\_\_\_

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What is the range of *possible* hours available for student assignments (including evenings and weekends)?

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**Fields of Practice:**

Please check the ONE category that best describes this placement:

- |  |  |
|--|--|
| <input type="checkbox"/> Aging/Gerontological Social Work  | <input type="checkbox"/> Health  |
| <input type="checkbox"/> Alcohol, Drug, or Substance Abuse | <input type="checkbox"/> Mental Health/Community Mental Health         |
| <input type="checkbox"/> Child Welfare                     | <input type="checkbox"/> Occupational/Industrial Social Work           |
| <input type="checkbox"/> Corrections/Criminal Justice      | <input type="checkbox"/> Public Assistance/Welfare (Not Child Welfare) |
| <input type="checkbox"/> Developmental Disabilities        | <input type="checkbox"/> Rehabilitation                                |
| <input type="checkbox"/> Family Services                   | <input type="checkbox"/> School Social Work                            |
| <input type="checkbox"/> Group Services                    | <input type="checkbox"/> Other (Specify): _____                        |

**Specialization:**

Placement involves: (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adolescent Pregnancy           | <input type="checkbox"/> Dual Diagnosis/MICA             | <input type="checkbox"/> LGBT                   |
| <input type="checkbox"/> Alzheimer's/Dementia           | <input type="checkbox"/> Eating Disorders                | <input type="checkbox"/> Physical Disability    |
| <input type="checkbox"/> Cognitive/Behavioral Treatment | <input type="checkbox"/> HIV/AIDS                        | <input type="checkbox"/> Trauma                 |
| <input type="checkbox"/> Crisis Intervention            | <input type="checkbox"/> Homelessness                    | <input type="checkbox"/> Vocational             |
| <input type="checkbox"/> End of Life/Palliative Care    | <input type="checkbox"/> Immigrant Populations           | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Domestic Violence              | <input type="checkbox"/> Legal Processes & Legal Systems |   |

**Types of Assignments:**

Assignments in this placement will involve: (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advocacy          | <input type="checkbox"/> Crisis Intervention       | <input type="checkbox"/> Outreach                       |
| <input type="checkbox"/> Assessment        | <input type="checkbox"/> Discharge Planning        | <input type="checkbox"/> Policy Analysis                |
| <input type="checkbox"/> Case Management   | <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Program Development            |
| <input type="checkbox"/> Concrete Services | <input type="checkbox"/> Group Work                | <input type="checkbox"/> Research/Data Collection       |
| <input type="checkbox"/> Counseling        | <input type="checkbox"/> Needs Assessment          | <input type="checkbox"/> Other (Please Describe): _____ |

Average number of direct contact hours/week each student will have with clients: \_\_\_\_\_

Modalities: A student will have an opportunity to have assignments with: (Check all that apply)

- |                  |  |
|------------------|--|
| _____ Individual | _____ Group                              |
| _____ Family     | _____ Other Assignments (Specify): _____ |

Clients: This placement will involve assignments with the following groups: (Check all that apply)

- |                   |                              |
|-------------------|------------------------------|
| _____ Adolescents | _____ Adults                 |
| _____ Children    | _____ Elderly                |
| _____ Families    | _____ Other (Specify): _____ |

**Clinical/Policy Practice Placement:** Is there an opportunity to develop a Clinical/Policy Practice Placement at your agency? In this placement, a student would spend part of the time in clinical/direct practice and part in community organizing, advocacy, policy, research, and/or program development, evaluation and implementation.

- No  Yes

Questionnaire Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_